Reviewer's report

Title: A 41 year old male presenting with massive malignant solitary fibrous tumor arising from the bladder serosa: a case report

Version: 4 Date: 14 August 2014

Reviewer: Chandra Bhati

Which of the following best describes what type of case report this is?: Unexpected or unusual presentations of a disease

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: No

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

Well written case report and this kind of cases has been published many times before. These are my suggestion and concerns about the case reports. They are minor. I have copy pasted the sentence from your case report and raised my concern.

Case presentation

1. The histological features combined with immunophenotyping were suggestive of a malignant solitary fibrous tumor arising from the bladder serosa.

Which features were suggestive of bladder mucosa. This is important to know whether this tumor was originated from GU system/ bladder or not. I think you should describe the histological features as well as immunotyping pertinent to
GU system. The reason, I am asking because there are plenty of case series published which has grouped together as retroperitoneal SFT and more so from prostrate, seminal vesicles.

2. P53 analysis

Analyzing P53 might strengthen your case report as recently published case report showed presence of p53 in these tumors. In that case report patient died after 4 months and patient you are describing is still alive. May be you can correlate these findings

Ref


2. Another important study for p53


Discussion:

Concerns:

1. With respect to bladder SFT, all reported cases have pursued a benign course even in the presence of malignant histologic features.

Not all of them had benign course, I would refrain from using word all (I would personally use most)

2. Surgical resectability is the most important prognostic factor, and the 5-year survival rate is close to 100% with complete surgical excision (R0 resection).

I agree with the first statement that surgery is treatment of choice but I am not sure about 5 years survival of 100%. People have reported at 20 months recurrence with much less follow up and death.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Declaration of competing interests:

None